

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>CH</i>	<i>001701</i>	<i>12/8/99</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>714801</i>	<i>12/15/99</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			<i>12-27-99</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/1/99
2	✓	✓	1/1/99
3	✓	✓	1/1/99
4	✓	✓	1/1/99
5	✓		
6	✓	✓	
7	✓	✓	
8	✓	0	0
9	✓	0	0
10	✓	0	0
11	✓		
12	✓	✓	
13	✓	✓	
14	✓	✓	
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17	✓	✓	
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If more than 150 claims or 10 actions  
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